

IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF MISSOURI
WESTERN DIVISION

KIUNTA STANLEY

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-against-

ANDREW SAUL
COMMISSIONER OF SOCIAL
SECURITY ADMINISTRATION

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

**Complaint for Employment
Discrimination**

Case No. 4:20-cv-499-SRB
(to be filled in by the Clerk's Office)



REQUEST FOR TRIAL BY JURY

Plaintiff requests trial by jury. ☒ Yes ☐ No

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name KIUNTA STANLEY
Street Address _____
City and County KANSAS CITY, JACKSON
State and Zip Code MISSOURI 64130
Telephone Number 816-996-1385
E-mail Address _____

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name ANDREW SAUL
Job or Title COMMISSIONER OF SOCIAL SECURITY
(if known) ADMINISTRATION
Street Address 6401 SECURITY BLVD.
City and County WOODLAWN, ALLEGANY
State and Zip Code MARYLAND 21207
Telephone Number (410) 965-8882 (HQ)
E-mail Address _____
(if known) _____

Defendant No. 2

Name _____
Job or Title _____
(if known) _____
Street Address _____
City and County _____

State and Zip Code _____
Telephone Number _____
E-mail Address _____
(if known)

C. Place of Employment

The address at which I sought employment or was employed by the defendant(s) is:

Name U.S. SOCIAL SECURITY ADMINISTRATION
Street Address 601 E. 12TH ST. (RICHARD BOLLING FEDERAL BLDG)
City and County KANSAS CITY, JACKSON
State and Zip Code MISSOURI 64106
Telephone Number 816 - 936-5707

II. Cause of Action

This action is brought for discrimination in employment pursuant to (check all that apply):



Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).

(Note: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)



Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.

(Note: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.)



Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.

(Note: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)

- ☒ Other federal law (specify the federal law):
UNION ARTICLE 23, SECTION 7 "REMOVAL OR SUSPENSION OF AN EMPLOYEE" - GOV. BACKED CONTRACT
- ☒ Missouri Human Rights Act, Missouri Revised Statute § 213.055
- ☒ Other state law (specify, if known):
RETALIATION PROTECTION - MO. DEPT OF LABOR
- ☐ Relevant city or county law (specify, if known):

III. Administrative Procedures

- A. Did you file a charge of discrimination against Defendant(s) with the Equal Employment Opportunity Commission or other federal agency?

☒ Yes Date filed: DECEMBER 12, 2019 & DECEMBER 13, 2019
☐ No

Attach copy of the charge to this Complaint

- B. Have you received a Notice of Right-to-Sue Letter from the Equal Employment Opportunity Commission?

☐ Yes ☒ No

If yes, please attach a copy of the letter to this Complaint.

- C. Did you file a charge of discrimination against Defendant(s) with the Missouri Commission on Human Rights?

☐ Yes Date filed: _____
☒ No

Attach copy of the charge to this Complaint

- D. Have you received a Notice of Right-to-Sue Letter from the Missouri Human Rights Commission?

☐ Yes ☒ No

If yes, please attach a copy of the letter to this Complaint.

E. If you are claiming **age discrimination**, check one of the following:

N/A

☐ 60 days or more have passed since I filed my charge of age discrimination with the Equal Employment Opportunity Commission.

☐ fewer than 60 days have passed since I filed my charge of age discrimination with the Equal Employment Opportunity Commission

IV. Statement of Claim

A. The discriminatory conduct of which I complain in this action includes (*check all that apply*):

- ☐ Failure to hire me.
- ☒ Termination of my employment.
- ☐ Failure to promote me.
- ☐ Failure to accommodate my disability.
- ☒ Unequal terms and conditions of my employment.
- ☒ Retaliation/REPRISAL
- ☒ Harassment/Hostile Work Environment
- ☒ Other acts (*specify*): REPRIMAND ; ASSIGNMENT OF DUTIES ;
WORK CONDITIONS

(*Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.*)

B. It is my best recollection that the alleged discriminatory acts occurred on the following date(s):

April 2019 - September 12, 2019

C. I believe that defendant(s) (*check one*):

- ☐ is/are still committing these acts against me.
- ☒ is/are not still committing these acts against me.

D. Defendant(s) discriminated against me based on my (check all that apply and explain):

<input checked="checked" type="checkbox"/>	race _____
<input type="checkbox"/>	color _____
<input type="checkbox"/>	gender/sex _____
<input type="checkbox"/>	religion _____
<input type="checkbox"/>	national origin _____
<input type="checkbox"/>	age. My year of birth is _____. (Give your year of birth only if you are asserting a claim of age discrimination.)
<input type="checkbox"/>	disability or perceived disability (specify disability) _____

E. Write a short and plain statement of FACTS that support your claim. Do not make legal arguments. You must include the following information:

- What happened to you?
- What injuries did you suffer?
- Who was involved in what happened to you?
- How were the defendants involved in what happened to you?
- Where did the events you have described take place?
- When did the events you have described take place?

If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

THERE ARE SEVERAL CLAIMS THAT I HAVE AGAINST
MY FORMER EMPLOYER, SOCIAL SECURITY
ADMINISTRATION. THE FOLLOWING 17 PAGES
ATTACHED STATE THE FACTS TO SUPPORT.

V. Relief

As relief from the allegations of discrimination as stated above, Plaintiff prays that the court grant the following relief to Plaintiff: (check any and all that apply)

- ☐ Defendant be directed to employ Plaintiff
- ☐ Defendant be directed to re-employ Plaintiff
- ☐ Defendant be directed to promote Plaintiff
- ☒ Defendant be directed to pay court costs, process server fees, lawyer costs IF ANY
- ☒ Monetary damages (please explain): \$200,000 → OF PLAINTIFF
- ☒ As additional relief to make Plaintiff whole, Plaintiff seeks (please specify and explain):

DEFENDANT MONITOR AND TRACK TRAINING APPROVALS AND DENIALS; HOW MANAGEMENT CONSIDERS STANDARDS AND EXPECTATIONS TO CLEAR PROBATIONARY PERIOD EMPLOYEES

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: JUNE 2, 2020.

Signature of Plaintiff

Printed Name of Plaintiff

Kiunta Stanley
KIUNTA STANLEY

MONETARY CONT.

PLAINTIFF HAS SUFFERED ECONOMIC LOSS AND SEEKS
COMPENSATORY DAMAGES, PUNITIVE DAMAGES, FRONT
AND BACK PAY FROM DEFENDENT.

V. Relief

As relief from the allegations of discrimination as stated above, Plaintiff prays that the court

CONT....

TO EVALUATE WHETHER THERE IS DISPARATE TREATMENT
IN TRAINING.

DEFENDENT BE DIRECTED TO CONDUCT UNCONSCIOUS BIAS
TRAINING FOR ALL EMPLOYEES WHO BECOME TRAINERS AND
ALL LEVELS OF MANAGEMENT SO THEY CAN BECOME AWARE
OF THEIR BIASES THROUGH COMPREHENSIVE, UPDATED
TRAINING THAT WILL KEEP DEFENDENT'S EMPLOYEES
ATTUNED TO THE SUBTLE AND UNCONSCIOUS WAYS THAT
RACE BIAS, AND ANY FORM OF PREJUDICE CAN NEGATIVELY
AFFECT ALL ASPECTS OF EMPLOYMENT.

DEFENDENT BE DIRECTED TO DEVELOP A GUIDELINE, IF
HAVEN'T ONE ALREADY, FOR MANAGEMENT TO TERMINATE
EMPLOYEE'S IN A RESPECTFUL TONE AND MANNER. AND
TO FOLLOW THE TERMINATION INSTRUCTIONS THEY LEGALLY
SET FORTH IN THEIR EMPLOYEE'S TERMINATION LETTERS.

DEFENDENT BE DIRECTED TO CREDIT THE PLAINTIFF
HER EARNED GRADE STEP FROM 5 TO A GRADE 6
IF IT IS PROVEN DISCRIMINATION / WRONGFUL
TERMINATION OCCURRED.